



Commissioner for Patents
Washington, DC 20231
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Bib Data Sheet

CONFIRMATION NO. 2561

SERIAL NUMBER 09/352,661	FILING DATE 07/07/1999 RULE	CLASS 348	GROUP ART UNIT 2612	ATTORNEY DOCKET NO.
APPLICANTS CHUK DAVID CHAN, LAWRENCEVILLE, GA; ** CONTINUING DATA ***** <i>Ag</i> ** FOREIGN APPLICATIONS ***** <i>14</i>				
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 08/04/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 20
INDEPENDENT CLAIMS 2				
ADDRESS C. David Chan 11 Westview Avenue North Salem ,NY 10560				
TITLE METHOD AND APPARATUS FOR RECORDING INCIDENTS				
FILING FEE RECEIVED 389	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees	
			<input type="checkbox"/> 1.16 Fees (Filing)	
			<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	
			<input type="checkbox"/> 1.18 Fees (Issue)	
			<input type="checkbox"/> Other _____	
			<input type="checkbox"/> Credit	

SERIAL NUMBER 09/352,661	FILING DATE 07/07/99	CLASS 396 348	GROUP ART UNIT 2851 2712	ATTORNEY DOCKET NO.
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APPLICANT CHUK DAVID CHAN, LAWRENCEVILLE, GA.

****CONTINUING DOMESTIC DATA*******
VERIFIED

****371 (NAT'L STAGE) DATA*******
VERIFIED

****FOREIGN APPLICATIONS*******
VERIFIED

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/04/99 ** SMALL ENTITY **

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY GA	SHEETS DRAWING 3	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 2
Verified and Acknowledged Examiner's Initials _____ Initials _____					

ADDRESS CHUK DAVID CHAN
~~12779 FAIR BRIAR LANE~~
~~FAIRFAX VA 22033~~
 11 Kenneth Court
 Glen Cove, NY 11542

TITLE METHOD AND APPARATUS FOR RECORDING INCIDENTS

FILING FEE RECEIVED \$380	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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